

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10658,219

FILING DATE

APPLICANT(S)

3-9-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51						
2				/		/	52						
3				/		/	53						
4				/		/	54						
5				/		/	55						
6				/		/	56						
7				/		/	57						
8				/		/	58						
9			/		/		59						
10				/		/	60						
11			/		/		61						
12				/		/	62						
13				/		/	63						
14			/				64						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			9		3		TOTAL IND.						
TOTAL DEP.			10		9		TOTAL DEP.						
TOTAL CLAIMS			19		12		TOTAL CLAIMS						